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CONFIRMATION NO. 5478

SERIAL NUMBER 10/776,123	FILING OR 371(c) DATE 02/11/2004 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. FLEXFT.146CP2D1
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APPLICANTS

Van L. Phillips, Albion, CA;

**** CONTINUING DATA *******

This application is a DIV of 09/698,489 10/26/2000 PAT 6,899,737 which is a CIP of 09/138,357 08/21/1998 PAT 6,206,934 which claims benefit of 60/081,472 04/10/1998

Which is a CIP of 09/288,864 4/4/1999
 PAT 6,280,479

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 05/07/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 26	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

20995

TITLE

Foot prosthesis having cushioned ankle

FILING FEE RECEIVED 3692	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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